

Received by the Town Clerk: _____ Date: _____ Application complete _____
Signed: _____

Deleted: Application incomplete _____

APPLICATION COVER PAGE

Date: _____ Completed Application
Received by ZBA: _____

Deleted: Completed Application

Name of Applicant and Mailing Address: _____

Email Address: _____ Telephone Number: _____

Name of Owner and Mailing Address (If not Applicant): _____

Map and Lot #: _____ Street Address _____

Applicant is: _____ (Owner, Tenant, Purchaser, Other)

Nature of Application (Special Permit, Appeal, Variance): _____

Applicable Section of Zoning Bylaw: _____

Date of Denial by Building Inspector, Zoning Inspector, or Planning Board
(If Applicable): _____

Site Plan: Must provide a plan by a registered surveyor showing the total property with the existing buildings, including the proposed project, all setback distances and driveway access to road.

Deleted: Plot

Deleted: to be provided

Floor Plans and Elevations: 2 sets of scaled drawings of floor plans that show total sq. ft. per floor (measured from exterior of wall), at least 2 elevations with one showing proposed height to ridge. If the project is an addition to existing structure please clearly identify proposed work.

Narrative: Detailed Description of proposed project,

Deleted: Please check if main dwelling (proposed or existing) is over 3,000 square feet.¶
¶

I have read the overview of the ZBA process attached to this application, completed all sections of the application cover page and provided all required documentation and therefore request a hearing before the West Tisbury Zoning Board of Appeals with reference to the above noted application.

Deleted: Please attach a detailed narrative

Deleted: and

Deleted: .

Signed: _____

Title(s): _____

Application fee of \$200.00 is required. Date Paid: _____

FOR ZONING BOARD USE

Size of Subject Lot: _____ Zoning District: _____

Registry Book and Page #'s and Date _____

Other Boards Involved with the Permitting:

Within an Overlay District?

Martha's Vineyard Commission Referral Required? _____ If So, MV Checklist Items:

Is the Main Dwelling, (existing or proposed), over 3,000 square feet?

Yes No

Please read the attached Section 9.2-2 "Review Criteria" and check the applicable box below.

1) This Application complies with all requirements of Section 9.2-2

2) This Application does not comply with all requirements of Section 9.2-2

If you have checked box number 2, please indicate (circle) the parts of Section 9.2-2 with which this Application does not comply or which challenge the requirements of this Section of the Zoning Bylaws on the attached and file as part of your application. Any non-compliant issues will be discussed at the Hearing.

Formatted: Indent: Left: 0.25"

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Indent: Left: 0.5"